Certified Nursing Assistant Training is an excellent opportunity for individuals interested in pursuing a career in the rewarding field of Healthcare. Successful completion of the training and passing the NYS test will result in certification as a Certified Nursing Assistant.

Course Overview:
- The course consists of an intensive 6-8 week training program. Schedule will be provided prior to starting the course. There will be a combination of day classes, remote/virtual lectures and lab practice during the week and clinical training at a local clinical site.
- Upon successful completion of the training program, students will be scheduled for the NYS Licensing Exam for CNA. Attendance at all the classroom and clinical instruction is mandatory in order to complete the training and take the NYS Exam.

How do I apply for acceptance into the training program?
1) Complete the attached application.
2) Provide all required documentation:
   All Applicants: _____ Proof of minimum age of 17 years
   **Employer Sponsored Students ONLY:** Employer Verification that there is a completed Health Exam Form/Physical Exam within one year of program start date. Proof of TB test dated less than 12 months prior to program start date; Proof of (dated) MMR immunization records or Titer Certificate showing immunity.
   “The above records are on file at the facility.” (Employer Sponsor complete this portion)
   Name__________________________________________
   Signed________________________________________
   Phone#_______________________________________
   Title__________________________________________

   **Non-Employer Sponsored Students ONLY**—
   _____ You must provide all of the following health records: Health Exam/Physical Exam within one year of program start date. Candidate must be able to lift 50lbs. to the waist; Proof of TB test dated less than 12 months prior to program start date; Proof of (dated) MMR immunization records or Titer Certificate showing immunity.
   *Contact your healthcare provider for documentation*
   _____ Covid Vaccination is currently required for clinical training off-site and must accompany this application (only for students not sponsored by an employer/healthcare agency). COVID booster is not required.
All Applicants (Both Employer Sponsored and Non-Employer Sponsored Students):

Two Forms of ID are required

_____ Primary ID must be a Government issued photo ID, such as a driver’s license.

_____ Secondary form of ID, must have a matching (same name) signature.

3) Submit application and documents to FM Admissions Office. If you are being sponsored by an employer or agency, include a letter of commitment from the sponsoring agency. If you are not being sponsored, you must arrange payment with the Bursar Office upon CNA registration with your completed application.

4) You must attest to having a clear criminal record (no misdemeanors or felonies)

What are the requirements for CNA Certification?

- The NYS Licensing Exam will be scheduled at the end of the mandatory classroom and clinical training required for the course.
- Students must achieve a passing grade on all 6 written tests throughout the course in order to sit for the NYS Licensing Examination.
- Official NYS CNA Certification is achieved through attainment of a passing grade on both the NYS written and practical-skills exams. If the student fails either assessment, they will NOT be certified.
- No “make-up” or repeat certification exams will be scheduled through FM. Students who miss the test date at FM must contact testing agency (Prometric) to re-test at a regional testing facility at their own expense.

What is expected of participants during the training?

- The program consists of approximately 6-8 weeks of training and will be a combination of both virtual and in-person classroom and clinical instruction. Attendance is mandatory to complete the training and sit for the NYS Licensing Certification Exam given at the conclusion of the program.
- Students are expected to login/arrive on time and be prepared to participate in all the training activities.
- Outside of the class time, the students will need to study for the tests throughout the training and for the NYS Licensing Exam at the end of the training.
- It will be important for students to ask questions and ask for help in understanding the classroom material and clinical procedures.

How can I get assistance to help pay for the training and testing? No financial aid is available for this training. Contact Christie Davis, Director of External Partnerships, to find out if there are current funding opportunities available through Employer or Agency sponsorship. For payment, the Bursar Office can be reached at 518-736-3622 ext. 8601. Payment Plan Options may be available. Payment is due prior to first day of CNA class, please speak with the Bursar Office for information when you submit your completed application.
Student Application:

Student Information:

Last Name: ________________________  First Name: ____________________  M.I. : __________

Maiden Name/Other names known by: ______________________________________________________

Date of Birth: ___/___/______  Social Security #: ________________________________

Gender:  ☐ Male  ☐ Female

Street Address: ____________________________________________________  Apt. #: __________

City: __________________________________  State: ______  Zip Code: __________

County: ____________________________________________________________

Home Phone: ( ___ ___ ) _____-_______  Cell Phone: ( ___ ___ ) _____-_______

Can FM send you text messages about this program?  ☐ Yes  ☐ No

E-Mail Address: ________________________________________________________________

Are you a US Citizen?  ☐ Yes  ☐ No

If not, are you authorized to work in the United States?  ☐ Yes  ☐ No

Is English your primary language?  ☐ Yes  ☐ No

Have you ever been certified as a C.N.A.?  ☐ No  ☐ Yes, Date of Certification: __________

Are you currently a certified Home Health Aide (H.H.A.)?  ☐ No  ☐ Yes, Date of Certification: __________

Are you currently a certified Personal Care Aide (P.C.A.)?  ☐ No  ☐ Yes, Date of Certification: __________

Have you ever been convicted of a misdemeanor?  ☐ Yes  ☐ No

Have you ever been convicted of a felony?  ☐ Yes  ☐ No

Applicant Certification: I understand that all information submitted is true to the best of my knowledge. Any deliberate falsification or omission of application data may result in denial of admission or dismissal. I have reviewed the program requirements and I accept all the participation and attendance requirements of this training program.

________________________________________________________  __________________________________
Applicant’s Signature  Date

Application and required documents must be submitted to:
SUNY FMCC Admissions Office
2805 State Hwy. 67, Johnstown, NY 12095
www.fmcc.edu  (518) 736-3622  ext. 8301
CNA Application Check List

Proof of all items listed below is REQUIRED in order for your application to be accepted

_____ Proof of age (at least 17)

_____ Verified signature that the following are on file:
Completed **CNA Health Exam Form** signed by physician and dated **less than 12 months** prior to start of training course;
_____ Proof of TB test and results dated **less than 12 months** prior to start of training course; **and** Proof of MMR vaccination or a Titer Certificate showing immunity.

**For students being sponsored by an employer or agency for payment:**
_____ Letter of Commitment from Employer or Sponsoring Agency for payment

**Two forms of Identification for testing:**

_____ **Government issued photo ID with signature.** (for example: driver’s license).

_____ **Secondary I.D. with matching (same name) signature.** (for example: social security card, benefit card, debit/bank card, library card, passport).
Application Received by: _______________________

Date Received: _____/_____/_____

Accepted Reviewed and Accepted by: __________________________

Date accepted: _____/_____/_____

Acceptance letter sent by: __________________________

Date: ______________________________________

NOTES:

___ Self-Paying for Course

___ Check # __________

___ Money Order # ____________________________

___ Credit Card #: ____________________________

Expiration Date: __________

For Sponsored Students:

___ Please indicate name of sponsor:

___________________________________________

___ Approval letter from sponsor attached

___________ FMS Workforce Solutions Center

___________ Other Sponsor (bill Sponsor directly)

Notes:
Non-Credit Registration Form

<table>
<thead>
<tr>
<th>COURSE NAME</th>
<th>COURSE/SECTION #</th>
<th>START DATE</th>
<th>COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certified Nursing Assistant (CAN)</td>
<td>CNA</td>
<td>09/18/23</td>
<td>$2200</td>
</tr>
</tbody>
</table>

Example: Certified Nursing Assistant CNA001-NWP 4/20/23 $2200

YOUR RESPONSES ARE VOLUNTARY. FM will keep your responses confidential and will not use the information provided in a discriminatory manner. Failure to respond to these questions will not subject you to any adverse treatment. FM seeks to enroll students of diverse racial and ethnic heritage.

Are you Hispanic/Latino? ___Yes ___ No
If yes, is your background(select one): ___ Central American ___ Dominican ___ Mexican
___ Puerto Rican ___ South American ___ Other Hispanic/Latino

All applicants, please indicate your race — select one or more:
___ (I) American Indian or Alaska Native ___ (A) Asian ___ (B) Black or African American
___ (P) Native Hawaiian or Other Pacific Islander ___ (W) White

Applicant Certification: I understand that all information submitted is true to the best of my knowledge. Any deliberate falsification or omission of application data may result in denial of admission or dismissal. I have reviewed the program requirements and I accept all the participation and attendance requirements of this training program.

Non-Employer Sponsored Students ONLY

Applicant Signature:___________________________ Date:___________________________

Method of Payment (Check One):

- Personal Payment: (credit card, cash or check (made payable to FMCC))

- For Sponsored Students:
  Sponsoring Agency/Employer:
  *A letter or sponsorship from agency/employer must accompany your completed application*

All payments are made via the FMCC Office of the Bursar
(Email: Bursar.office@fmcc.suny.edu Phone: 518-736-3622 x 8600)

Please return this completed application along with documents outlined on the attached checklist (if applicable) to: FM Admissions Office 2805 State Highway 67, Johnstown, NY 12095.

Applications that are not complete or are missing documentation will not be accepted.